



Incident Report

Print Date/Time: 11/30/2016 15:29
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00023723

Incident Date/Time: 11/29/2016 12:50:00 PM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number:
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
1931	SS0075-Christensen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	GALVAN, MARTIN	7325 88TH ST NE MARYSVILLE WA 98270		Unknown	Male	07/14/1970

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2008	Nissan	Altima	White	390XLY	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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11/29/2016 : 12:50:56 SP0224 Narrative: NOW AT IXTAPA

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E613699**CASE # **16-00023723**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11** - **29** - **2016** **0900** **31** N ☐ E ☐ IN ☒ OF **0664**
S ☐ W ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**STATE ROUTE 9**BLOCK NO. ☒
MILE POST **700**

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ **STATE ROUTE 204**
FEET ☐ S ☐ W ☐

UNIT 01MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME **UNKNOWN**

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX **U**D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET
USE **9**INJURY
CLASS **0**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA

**UNIT 02**MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME **GALVAN**FIRST NAME **MARTIN**MIDDLE
INITIALSTREET
NEW ADDRESS **7325 88TH ST NE**CITY **MARYSVILLE**ST **WA**ZIP **982708005**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **GALVAM*302MM**STATE **WA**SEX **M**D.O.B.
MMDDYYYY **07****14****1970**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **390XLY**STATE **WA**VIN# **1N4AL21EX8N414408**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2008**MAKE **NISS**MODEL **ALT4D**STYLE **SD**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

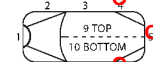
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **MARIA GALVAN 7325 88TH ST NE MARYSVILLE WA 98270**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **ALLSTATE 987 553 455**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) **C. CHRISTENSEN**BADGE OR ID # **0075**AGENCY
WA0311900**PART A** 3000-345-159 R (7/06)PAGE 01 OF **3**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E613699**CASE # **16-00023723**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was exiting SR 9 and merging onto SR 204 from northbound SR 9. Unit 2 slowed for other vehicles and was rear-ended by Unit 1. Driver of Unit 2 pulled to the shoulder while Unit 1 fled the scene. Unit 1 was described as a blue Mazda passenger vehicle. There were no reported injuries and Unit 2 was not towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
11-29-16 01:47 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

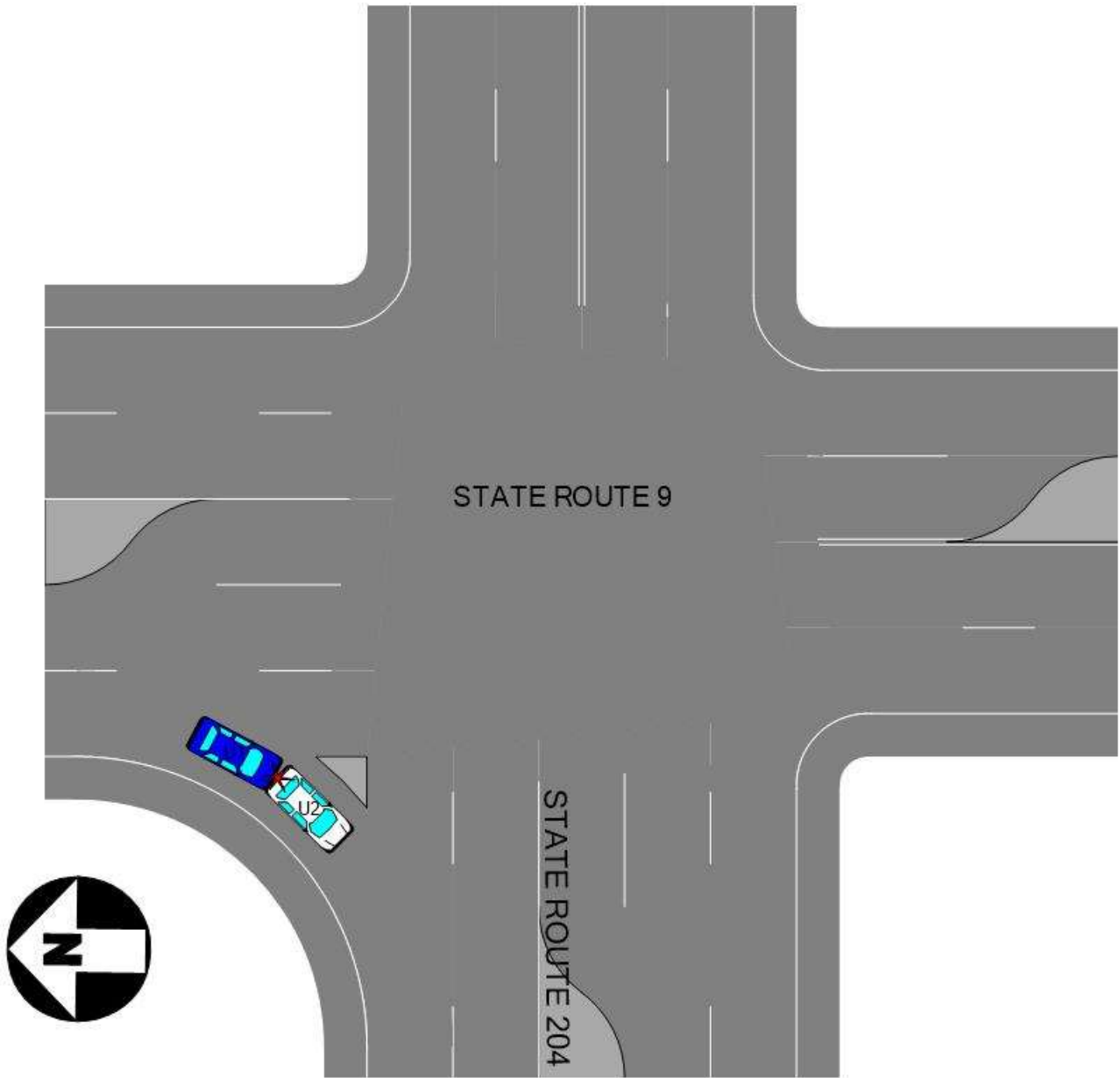
11/29/2016 3:45:45 PM

BADGE OR ID #	0075	ORI #	WA0311900	TIME POLICE DISPATCHED	12:30 PM	TIME POLICE ARRIVED	12:30 PM
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REPORT NO. E613699

CASE # 16-00023723

DATE AND TIME
OF COLLISION 11/29/16 09:00





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00023723VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Galvan Martin</u>	RACE <u>HISPANIC</u>	ETHNICITY <u>HISPANIC</u>	SEX <u>Male</u>	D.O.B. <u>07/14/70</u>	AGE <u>46</u>	HGT <u>5-03</u>	WGT <u>170</u>	HAIR <u>Black</u>	EYES <u>Brown</u>
STREET ADDRESS <u>7325 88th St NE</u>			CITY <u>Marysville</u>		STATE <u>WA</u>		ZIP <u>98270</u>		
HOME PHONE <u>425-737-9755</u>		CELL PHONE <u>425-268-5186</u>			WORK PHONE <u>425-335-5144</u>				
EMAIL ADDRESS (OPTIONAL) <u>barajas.425@hotmail.com</u>					PLACE OF EMPLOYMENT <u>1849th Lk Stevens</u>				

STATEMENT:

I was driving to work on Hwy 9 south toward Lake Stevens when I was coming to turn onto 204 I was slowing down to turn when the person behind me ran into the back of my car. I automatically pulled to the side of the road when I saw a four door sedan maybe a mazda light blue car drive past me and didn't stop. I looked at my car and finished driving to work I was only a couple of blocks from and called the police.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

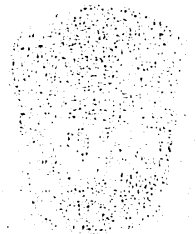
DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION



REPORT OF	DATE	FILE NO.	BY
INVESTIGATION	10-1-68	100-441100	J. Edgar Hoover
TO	FROM	SUBJECT	REMARKS
Director, FBI	San Francisco Office	James Earl Ray	...
...

On October 1, 1968, the San Francisco Office of the Federal Bureau of Investigation received information from the [redacted] that [redacted] had been observed at the [redacted] on the [redacted] of [redacted] at approximately [redacted] hours. The [redacted] advised that [redacted] was seen in the company of [redacted] and [redacted]. The [redacted] further stated that [redacted] was wearing a [redacted] and a [redacted]. The [redacted] also mentioned that [redacted] was seen entering the [redacted] building at [redacted] hours. This information was immediately relayed to the New York Office for their information and possible follow-up.

APPROVED AND FORWARDED	SPECIAL AGENT IN CHARGE
[Signature]	[Signature]
DATE	FILE NO.
10-1-68	100-441100